

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

101 583516

FILING DATE

6-16-06

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3						
4		1		1		
5						
6		1		1		
7	1		1			
8	1					
9		1		1		
10						
11		1		1		
12						
13		1		1		
14	1					
15		1		1		
16						
17		1		1		
18						
19	1					
20		1		1		
21						
22		1		1		
23						
24		1		1		
25						
26		1		1		
27						
28		1		1		
29						
30		1		1		
31						
32	1					
33		1		1		
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35		1		1		
36						
37		1		1		
38						
39		1		1		
40						
41		1		1		
42						
43		1		1		
44						
45		1		1		
46						
47		1		1		
48						
49		1		1		
50						
TOTAL IND.	6	↓		↓		↓
TOTAL DEP.	37	←		←		←
TOTAL CLAIMS	43					

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
54						
55			1			
56				1		
57						
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95						
96						
97						
98						
99						
100						
TOTAL IND.		↓	3	↓		↓
TOTAL DEP.		←	17	←		←
TOTAL CLAIMS			20			